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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* None / Qt

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None / Qt

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>U. Orlan</i> Examiner's Signature Initials				

## ADDRESS

22045

## TITLE

Wrap around body massager

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